

**TEXAS HIGHER EDUCATION COORDINATING BOARD
FAMILY PRACTICE RESIDENCY PROGRAM**

RURAL ROTATION GUIDELINES

***Program Directors' must provide a copy of the Guidelines to all
Rural Rotation Supervisors and Residents.***

I. Direction and Coordination of the Rural Rotation

- A. Family Practice Residents in training at an accredited Texas Family Practice Residency Program with the advice and consent their program director, may select a desired rural rotation site from a list of approved sites and supervisors provided by the Texas Higher Education Coordinating Board (Coordinating Board). This list is maintained by the Coordinating Board and may be accessed on the Board's web site at www.theccb.state.tx.us.
- B. Residency Program Directors must submit residents' application(s) to the Coordinating Board staff prior to the beginning of the rotation (form A1).
- C. Program directors must notify the Coordinating Board staff in advance of the desired dates and sites for a Rural Rotation. This is accomplished through the submission of the completed resident application (form A1).
- D. Program directors must submit information and supporting documentation on medical licensure or institutional permit status and malpractice insurance coverage for any resident who participates in a Rural Rotation.

II. Location of the Rural Rotation

- A. Site Requirements:
 - 1. All Rural Rotation sites shall be in either a) rural, non-urbanized counties in Texas, as defined by the U.S. Bureau of the Census, or b) have a population of 30,000 or less and designation as either a Health Professional Areas Shortage designation or Medically Underserved Area/Population.
 - 2. All sites must have a family physician supervisor on site who meets all requirements specified in Section II Subsection B of the Rural Rotation Guidelines.
 - 3. Eligible Rural Rotation sites will be designated by the Coordinating Board staff in cooperation with the residency program directors. If questions arise concerning the suitability of sites, the Family Practice Residency Advisory Committee may be requested to determine eligibility of a site.
 - 4. The rotation may be split between two Rural Rotation sites. However, the entire Rural Rotation must be completed in a one-month period of 28-31 days.

B. Supervisor Requirements:

1. Supervisors must possess a current Texas medical license and have no pending or past disciplinary action taken against them by the Texas State Board of Medical Examiners or Texas Medical Foundation.
2. Supervisors must be board-certified in Family Medicine; OR, have completed residency training in Family Medicine; OR, have previously served in a satisfactory manner in the Family Practice Statewide Preceptorship Program.
3. Supervisors must have active admitting privileges at a licensed hospital in their practice area, if such a hospital exists.
4. Supervisors must have a completed, current Rural Rotation Supervisor application on file with the Coordinating Board.
5. Supervisors must have attended at least one Rural Rotation Workshop; OR have completed an orientation by the program director prior to accepting any residents for a Rural Rotation.
6. Supervisors must sign a written agreement with the appropriate Family Practice Residency Program Director prior to accepting a resident for a Rural Rotation. All coordination of the Rural Rotation may be managed by the residency program director. A copy of the agreement must be on file with the Coordinating Board.
7. Supervisors or their local hospitals may not pay residents stipends for the Rural Rotation in addition to any state-funded reimbursement provided by the Coordinating Board during the time of the Rural Rotation.
8. Supervisors shall not encourage any activity designated by the program director or by the Family Practice Residency Advisory Committee as endangering the resident's eligibility for board-certification. Supervisors who do so shall no longer be considered qualified for purposes of the state-funded Rural Rotation, and their clinic site shall be removed from the list of approved Rural Rotation sites.

III. Resident Requirements

- A. Residents must be in their first, second, or third year of training in an accredited Texas Family Practice Residency Program in order to be eligible to participate in a THECB Rural Rotation.

IV. Evaluation of the Rotation

- A. Supervisors shall complete an evaluation of the resident (form E1) at the conclusion of the rotation, which shall be returned to the program director and the resident. Forms for the evaluation will be provided by the Coordinating Board upon request and will be posted on the Coordinating Board's web site at www.thecb.state.tx.us.
- B. Residents shall complete an evaluation of the supervisor (form E2) at the conclusion of the rotation. This evaluation will be returned to the program director and to the supervisor. Forms for the evaluation will be provided by the Coordinating Board upon request and will be posted on the web site at www.thecb.state.tx.us.

- C. Residents shall complete an evaluation relating to the educational value of the Rural Rotation experience (form E3). The resident's program director will supplement this evaluation with his or her comments. This evaluation must be forwarded to the Coordinating Board staff. Forms for this purpose will be provided by the Coordinating Board upon request and will be posted on the web site at www.thecb.state.tx.us.
- D. Program directors shall forward copies of the evaluation of the rotation (form E3) to the Coordinating Board staff, and shall communicate any problems with particular sites to the Program Directors.

V. Funding Procedures

- A. Coordinating Board funds will be provided as available funding permits for one-month block Rural Rotations. Rural Rotation funding is provided only for:
 - 1. One-month continuous Rural Rotation at one site, or
 - 2. One-month continuous Rural Rotation at two qualifying sites.
- B. Coordinating Board funds for Rural Rotations will be provided only for Family Practice Residents in their first, second, or third year of training, and will be provided only upon completion of the one-month rotation.
- C. Residents may receive only one funded Rural Rotation annually, based on the state fiscal year.
- D. Coordinating Board funding for the Rural Rotation is based on the following:
 - 1. Family Practice Residency Programs must continue to pay the resident their regular stipend during the time of the rotation. The residency program will provide An additional stipend may be available to the resident during the time of the rotation, not to exceed \$1,000;
 - 2. Reimbursement to the resident for transportation for one round trip between the residency program and the site of the rotation not to exceed \$500, and reimbursement to the resident or the provider for living expenses incurred during the time of the rotation, not to exceed \$500;
 - 3. Reimbursement to the resident's Family Practice Residency Program for the loss of the resident's services during the time of the Rural Rotation, not to exceed \$1,500 per resident.
- E. Reimbursement levels for travel and living costs shall not exceed State reimbursement levels for travel and per diem expenses. Only costs incurred during the course of a Rural Rotation conforming to these guidelines and for which documentation is provided will be reimbursed.
- F. Family Practice Residency Programs shall submit to the Coordinating Board documentation for Rural Rotation expenditures after the rotation has been completed. Program directors must submit their evaluation of the rotation along with supporting expenditure documentation in order for the program to receive reimbursement for rotation expenditures

- G. Family Practice Residency Programs shall maintain all receipts associated with the expenses of the Rural Rotation for a period of four years. These records will be open to inspection at all times to the Coordinating Board staff.